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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS

AUG 30 2024 V30

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

Blue Up Box		CLERK, U.S. DISTRICT C
(Enter above the full name of the plaintiff or plaintiffs in this action) vs. vs.	Case No (To be	1:24-cv-07911 Judge Matthew F. Kennelly Magistrate Judge M. David Weisman RANDOM/Cat 3
COOX COUNTY Thin	63	
(Enter above the full name of ALL defendants in this action. <u>Do not use "et al."</u>)		
		RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or COMPLAINT UNDER TH 28 SECTION 1331 U.S. Co	HE CONST	TITUTION ("BIVENS" ACTION), TITLE
OTHER (cite statute, if known	own)	
BEFORE FILLING OUT THIS COMPL	AINT, PLE	EASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

Case: 1:24-cv-07911 Document #: 1 Filed: 08/30/24 Page 2 of 6 PageID #:2

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I.	Plainti	iff(s):		
	A.	Name: TRUCE PROPED 11903		
	B.	List all aliases:		
	C.	Prisoner identification number: \$70732		
	D.	Place of present confinement: DIXON TT CENHER		
	E.	Address: 2600 No CARINTON AVEDIXON TECOLOR		
	numbe	re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. r, place of confinement, and current address according to the above format on a te sheet of paper.)		
II.	(In A be position for two	Tendant(s): A below, place the full name of the first defendant in the first blank, his or her official ition in the second blank, and his or her place of employment in the third blank. Space two additional defendants is provided in B and C .) Defendant: Office Office April 4.		
	A.	Title: Lingeruy oxx		
		Place of Employment: NEAD OF PROSICULIONS		
	B.	Defendant:		
		Title:		
		Place of Employment:		
	C.	Defendant:		
		Title:		
		Place of Employment:		

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state court in the United States:			
	A. ,	Name of case and docket number: 2020993129	
	B.	Approximate date of filing lawsuit: $08/30/2024$	
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:	
	D.	List all defendants:	
	E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):	
	F.	Name of judge to whom case was assigned:	
	G.	Basic claim made: 1018 UEY	
	Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):	
	I.	Approximate date of disposition: 9-01-2022	
		'E FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE	

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

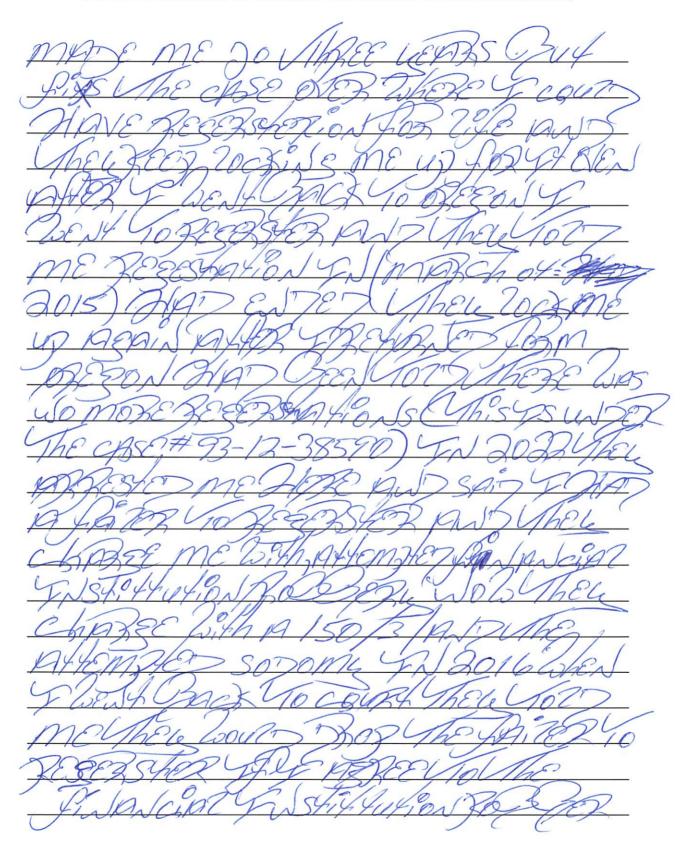
Case: 1:24-cv-07911 Document #: 1 Filed: 08/30/24 Page 4 of 6 PageID #:4

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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Case: 1:24-cv-07911 Document #: 1 Filed: 08/30/24 Page 6 of 6 PageID #:6

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V. Relief:

	ate briefly exactly what you want the court to do for you. Make no legal arguments. Cite cases or statutes.
Y No; FY	CHAVE CREEN TOCKED UT AND THAVE CREEN PARE NO MARE END PROCH FOR GROUP RECIEVE SOME DAID
Л. Т	ne plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court. Signed this
	(Signature of plaintiff or plaintiffs) (Print name) (I.D. Number)
	1053 N. CAVERSOS